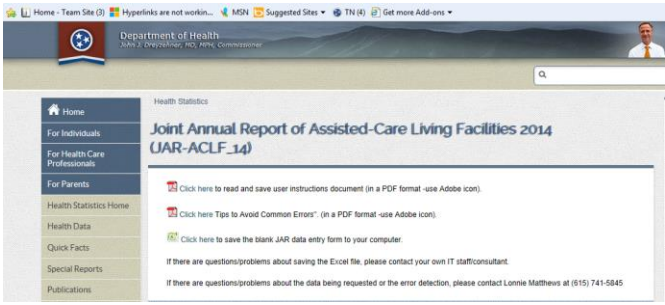
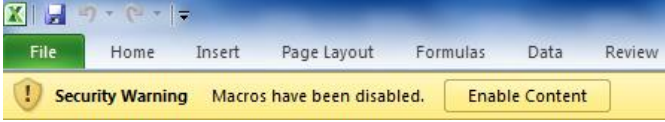

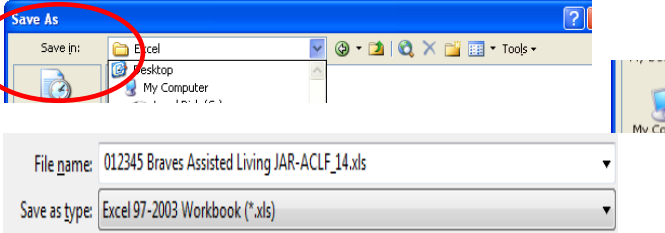


Joint Annual Report of Assisted-Care Living Facilities 2014 User Instructions

Downloading and Saving the ACLF Program

<p>The ACLF program was developed in Excel, a common Microsoft Office application. This is a spreadsheet program and may be able to be used by other spreadsheet programs.</p> <p>Download from the website by going to:</p> <p>http://health.state.tn.us/statistics/jarACLF.htm</p> <p>Click on the first icon to read, save and print instructions. Click on the second or third icon to save (download) and open the program in Excel.</p>	
<p>If you see a security warning, please respond Enable Macros. If this step prevents you from opening the file, contact your IT consultant.</p>	
<p>Save the Excel document to your hard drive, using File, Save As and navigating to a location on your hard drive where your work will be stored between data entry sessions. Name the file with your state ID and facility name and Save.</p>	
	

Navigating Within the ACLF Program

The Main “menu” provides a link (blue) to each of the schedules and to the Administrator’s Declaration Page (electronic signature):

There is also a link to the “State ID” listing sheet where you can look up the six digit number that is used to identify your facility.

The Error Listing is also linked from the main menu.



TENNESSEE DEPARTMENT OF HEALTH
Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Telephone: (615) 741-1954 Fax: (615) 253-1688

JOINT ANNUAL REPORT OF
Assisted-Care Living Facilities
2014

[Schedule A - Identification](#)
[Schedule B - Ownership of Business](#)
[Schedule C - Facilities and Services](#)
[Schedule D - Beds](#)
[Schedule E - Utilization](#)
[Schedule F - Personnel](#)
[Schedule G - Skilled Care Procedures](#)
[Schedule H - Activities of Daily Living \(ADL\)](#)
[Schedule I - Financial Data](#)
[Administrator Declaration \(Electronic Signature\)](#)
[State ID Listing](#)
[Error Listing / Comments](#)

Please use this list to find your State ID, facility name and address to put in Schedule A.

Do not use ALL CAPS in filling out this form.

	A	B	C	D	E	F	G	H
	State ID	License Number	Name	County	Address	City	State	Zip
1	010122	3	Summit View of Lake City, LLC	Anderson	204 Industrial Park Road	Lake City	TN	37769
2	010322	5	Norris Health and Rehabilitation Center	Anderson	3382 Andersonville Highway	Andersonville	TN	37705
3	010422	1	Golden LivingCenter - Windwood	Anderson	220 Longmire Road	Clinton	TN	37716
4	010522	4	NHC Healthcare, Oak Ridge	Anderson	300 Laboratory Road	Oak Ridge	TN	37830
5	010622	2	Birchcliff Health Care Center	Anderson	100 Elmhurst Drive	Oak Ridge	TN	37830
6	020142	6	Christian Care Center of Bedford County, LLC	Bedford	635 Union Street	Shelbyville	TN	37860
7	020242	7	Glen Oaks Health and Rehabilitation	Bedford	101 Glen Oaks Road	Shelbyville	TN	37860
8	030252	8	Camden Healthcare and Rehabilitation Center	Benton	197 Hospital Drive	Camden	TN	38320

At the bottom of the screen you will also see tabs that name the schedules and other sheets available for your use.



For your convenience at the end of each schedule there are **links** to click as shown.

[Return to Main Menu](#)
[Next Schedule](#)
[Error Listing](#)

All Schedules

To move to the next data field, you may use the **Tab** key (generally moves across the page) or the **Enter** key (generally moves down the page) on your keyboard, or use your **mouse** to go to a particular field. You may also use the **arrow keys** on your keyboard to move in the desired direction.



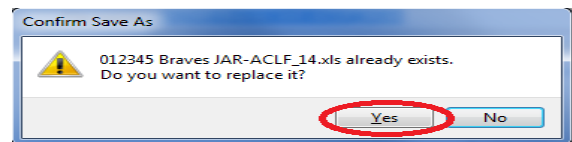
Preparation for Data Entry

Print a **blank form** on which to gather your information prior to data entry.

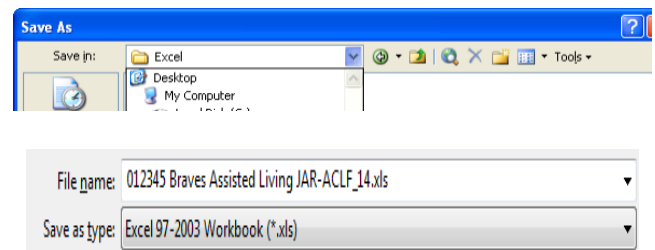
A blank JAR form is available on the **Internet** at <http://health.state.tn.us/statistics/ACLFjar.htm>.

Alternatively, you can use the Excel program to **print schedules** (as described on page 5). This method prints each schedule separately and will require more paper than printing the form from the Internet.

Whenever you leave the Excel program by using the **X** in the top right of the screen, a message will ask if you want to save the changes. Respond **Yes** or data you entered will be lost.

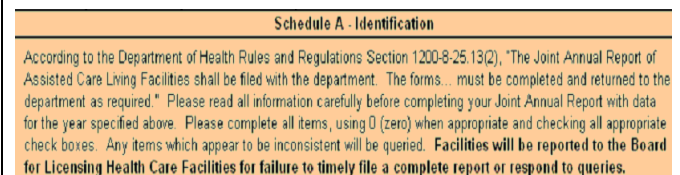


You may save the file prior to leaving the Excel program. Choose the same location on your hard drive to which you saved before (see page 1 of these instructions).



Always use the same file name to save. This will eliminate the possibility of having partial data in multiple locations.

Instructions and definitions are included on the form itself. **Please read these carefully prior to completing each Schedule.**



Also please refer to the document, **General Information and Tips to Avoid Common Errors**.

Data Fields

Only data entry fields (white) are available for selection. Other areas of the worksheet, such as gray boxes or areas outside the form itself are protected.

Facility	If Yes, Prior Name	
	Street Address	
	Mailing Address	
	City	County

Use of Drop-down boxes for Yes/No and other questions

To select Yes or No, use the drop-down selection. Answer yes or no to every Yes/No question.

If there is more information requested concerning a Yes answer, provide or specify that information.

Number of patients may include	
Yes/No	Pati
-	
Yes	
No	
-	
-	
-	

Changing an answer

If you need to change your answer in a drop-down field, click into another data field, return to the dropdown box and use the Delete key on your keyboard.



Error Detection

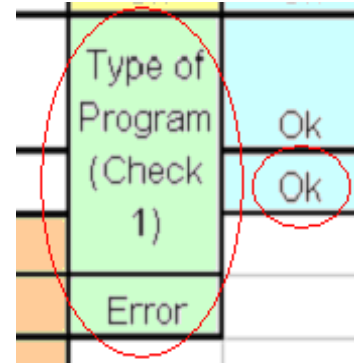
Potential errors are identified as data is entered. Error Identification fields show on the screen to the right of the form fields.

If a field starts as “Error” it will likely change to “OK” when you enter the data.

If you see a field changes from “OK” to “Error” the data you have entered may be causing an error that might be cleared up when you have completed that section of the form.

All “Error” fields that remain may be corrected on the schedule form, or you may explain why the data cannot be changed in a comment on the Error sheet.

You may need to adjust the screen resolution, the % showing, or use the scroll bar at the bottom of the screen to be able to see all the error detection on the form screen.



Errors Sheets

Errors

All “Error” fields from the various schedules are listed in the Errors sheet.

You may go to the Errors sheet from the Main menu link or from the sheet tab at the bottom of any screen.

All lines marked “OK” in column B indicate that the error description does not apply and the data is probably not in error.

The lines marked “Error” describe likely errors in the data. The error is identified with an error number and described by the error message.

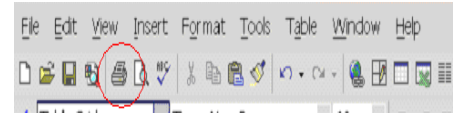
A link (blue) is provided to return to the schedule involved to make a change in the data, if possible.

	A	B	C	D	E
	State ID	Ok/ Error	Return to schedule	Error Number	Error message
1					
2	74535	Error	NameChange 1N	A-01-01	Did not answer the Yes/No Question concerning Name Change during reporting period
3	74535	Error	Address	A-01-02	Provide complete address information (address, city, county, state, zip)
4	74535	Error			Provide names of both administrator and medical

Printing

Printing Schedules

After you have entered data, print by selecting each schedule and using File/Print or the Print Icon. This printout will be a record of the data you submitted.

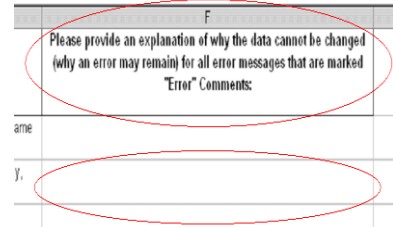


Comments/Explanations

If you find that you cannot change the data to eliminate the “Error” message, a descriptive comment/explanation on the reason why this cannot be done must be entered in the last column.

These comments will be reviewed upon submission.

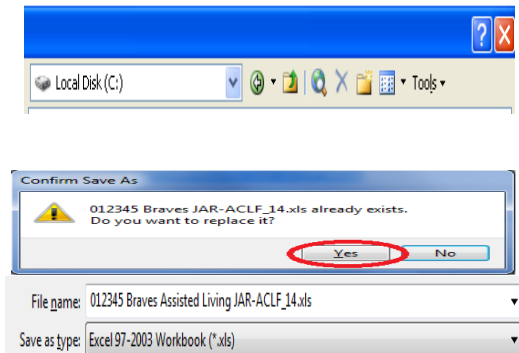
You may or may not be queried about an error for which you provide a comment.



Saving

When you leave the Excel program for the last time, choose a location on your computer that you will be able to locate later.

BE SURE your State ID and Facility Name are part of the File Name the last time you save.



Submitting Data

It is preferred that you e-mail the report as an attachment to: JARACLF.Health@tn.gov. If you cannot email it, make a copy of the Joint Annual Report from your hard drive to a CD, then mark the CD with your facility's name, and mail it to the address below:

Mr. Lonnie Matthews
Tennessee Department of Health
Division of Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243

There is no need to mail or fax a paper form. DUE DATE: Wednesday, July 15, 2014

If you have any questions, call Mr. Matthews, 615-741-5845 or email JARACLF.Health@tn.gov

Attaching Excel to Email

To E-mail the report, address an e-mail to **JARACLF.Health@tn.gov** and in the subject line put the State ID, facility name and ACLF_14.

Click the **attachment** icon and browse to find the file name on your computer at the location that you saved it. **Attach** the file and **send** the e-mail.

Sometimes there is a large volume of submissions coming in at one time, so you may not receive an email confirmation until the next day.

